

**IN THE PROBATE COURT OF MAHONING COUNTY, OHIO  
JUDGE TIMOTHY P. MALONEY**

**AFFIDAVIT AND PETITION FOR COMMITMENT OF A PERSON  
ALLEGED TO BE MENTALLY ILL**

[O.R.C. Chapter 5122; Loc. R. 75.7]

IN RE:

Name	Address	Case Number
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The State of Ohio, Mahoning County, s.s.:

\_\_\_\_\_ the undersigned, residing at \_\_\_\_\_  
\_\_\_\_\_, says that he/she has information to believe, or has actual knowledge that  
\_\_\_\_\_, a resident of \_\_\_\_\_ County is mentally ill and  
subject to hospitalization by Order of the Court in that he/she: \*

\_\_\_\_\_ Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

\_\_\_\_\_ Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;

\_\_\_\_\_ Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or

\_\_\_\_\_ Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself [O.R.C. §5122.01 (B)].

\* (Specify the appropriate category or categories above with an X).

\_\_\_\_\_ further says that the facts supporting this belief are as follows:

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And that such facts are sufficient to indicate probable cause to believe that the above person is a mentally ill person subject to hospitalization by Court Order.

That the name and address of Respondent's legal guardian, spouse and adult next-of-kin are as follows, if applicable (attach a supplemental sheet; if necessary):

Respondent ☐ was / ☐ was not a voluntary patient who then demanded his/her discharge on

\_\_\_\_\_  
(Date of demand)

Further : \_\_\_\_\_

Further Affiant/Petitioner sayeth naught.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant/Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Full Address (No. P. O. Boxes)

\_\_\_\_\_  
City State Zip Area Code/Phone

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public

RESPONDENT'S PHYSICAL DESCRIPTION:

MALE / FEMALE

AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

HEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_